

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from 10/01/2004 through 10/16/2004	Date of election if applicable: (Month, Day, Year) 11/02/2004	Date Stamp RECEIVED 2004 OCT 21 AM 10:32 CITY CLERK CITY OF LODI	CALIFORNIA 2001/02 FORM 460 Page 1 of 1 For Official Use Only
--	---	---	---

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5.)
- ☒ Ballot Measure Committee
☒ Primarily Formed
☐ Controlled
☒ Sponsored
(Also Complete Part 6.)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1270860

COMMITTEE NAME

Yes on R. Local Businesses, Grocers and Community
Leaders for Fair Competition

STREET ADDRESS (NO P.O. BOX)

1040 W. Kettleman Lane, #205

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95240	(209) 957-4917

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

555 Capitol Mall, Suite 1425

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-2952

OPTIONAL: FAX/E-MAIL ADDRESS

(209) 957-8602

Treasurer(s)

NAME OF TREASURER

Jodi Meier

MAILING ADDRESS

1040 W. Kettleman Lane, #205

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95240	(209) 957-4917

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/15/04

Executed on 10/15/04

Executed on _____

Executed on _____

By 

By 

By _____

By _____

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 10

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

Large Scale Retail Initiative

BALLOT NO. OR LETTER

JURISDICTION

☒ SUPPORT
☐ OPPOSE

R

City, Lodi

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period
from 10/01/2004
through 10/16/2004

CALIFORNIA
FORM **460**

Page 3 of 10

NAME OF FILER

Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition

I.D. NUMBER

1270860

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 150,000.00	\$ 160,000.00
2. Loans Received Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 150,000.00	\$ 160,000.00
4. Nonmonetary Contributions Schedule C, Line 3	2,890.00	2,890.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 152,890.00	\$ 162,890.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____
21. Expenditures Made \$ _____ \$ _____

Expenditures Made

6. Expenditures Made Schedule E, Line 4	\$ 97,333.90	\$ 102,556.90
7. Loans Made Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 97,333.90	\$ 102,556.90
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-13,083.96	14,500.00
10. Nonmonetary Adjustment Schedule C, Line 3	2,890.00	2,890.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 87,139.94	\$ 119,946.90

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

/ / \$ _____
/ / \$ _____
/ / \$ _____
/ / \$ _____
/ / \$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 4,777.00
13. Cash Receipts Column A, Line 3 above	150,000.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	97,333.90
16. ENDING CASH BALANCE ... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 57,443.10

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 14,500.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

SCHEDULE A

Statement covers period from <u>10/01/2004</u> through <u>10/16/2004</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>10</u>

NAME OF FILER Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition	I.D. NUMBER 1270860
---	----------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2004	Food 4 Less 8014 Lwr. Sacramento Road, Suite 1 Stockton, CA 95210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150,000.00	162,890.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				150,000.00		

Schedule A Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 150,000.00
- Amount received this period — unitemized contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 150,000.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	10/01/2004	
through	10/16/2004	Page <u>5</u> of <u>10</u>

NAME OF FILER Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition	I.D. NUMBER 1270860
---	----------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2004 10/15/2004	Food 4 Less 8014 Lwr. Sacramento Road, Suite 1 Stockton, CA 95210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Cable TV Airtime Billboards	2,515.00 375.00	See Sch. A	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2,890.00

Schedule C Summary

- Amount received this period — nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 2,890.00
- Amount received this period — unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 2,890.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule E Payments Made

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from 10/01/2004	through 10/16/2004	
		Page 6 of 10

NAME OF FILER

Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition

I.D. NUMBER

1270860

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COGS Signs PMB 227, 2401 E. Orangeburg Avenue, #675 Modesto, CA 95355	CMP		4,766.93
Comcast Spotlight, Inc. 7407 Tam O'Shanter Drive, Suite 100 Stockton, CA 95210	TEL		1,879.00
Olson, Hagel & Fishburn LLP 555 Capitol Mall, Suite 1425 Sacramento, CA 95814	PRO		498.16

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 7,144.09

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 97,288.90
2. Unitemized payments made this period of under \$100	\$ 45.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 97,333.90

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2004	
through	10/16/2004	Page <u>7</u> of <u>10</u>

NAME OF FILER	I.D. NUMBER
Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition	1270860

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stones Phones 4113 Oliver Street Chevy Chase, MD 20815	LIT PHO		659.98 6,049.45
Storefront Political Media 250 Sutter Street, Suite 650 San Francisco, CA 94108	LIT POS		57,399.40 10,151.00
SUB-VENDOR: Commonwealth Communications, Inc. 155 Sansome Street, #520 San Francisco, CA 94104	LIT	\$3,907.00	
SUB-VENDOR: Admail West, Inc. 521 North 10th Street Sacramento, CA 95814	LIT	\$838.00	
SUB-VENDOR: U.S. Postmaster 801 I Street Sacramento, CA 95814	POS	\$3,063.00	
SUB-VENDOR: Commonwealth Communications, Inc. 155 Sansome Street, #520 San Francisco, CA 94104	LIT	\$3,907.00	
SUB-VENDOR: Admail West, Inc. 521 North 10th Street Sacramento, CA 95814	LIT	\$838.00	

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 74,259.83

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2004	
through	10/16/2004	Page <u>8</u> of <u>10</u>

NAME OF FILER

Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition

I.D. NUMBER

1270860

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SUB-VENDOR: U.S. Postmaster 801 I Street Sacramento, CA 95814	POS	\$3,063.00	
SUB-VENDOR: Commonwealth Communications, Inc. 155 Sansome Street, #520 San Francisco, CA 94104	LIT	\$5,854.00	
SUB-VENDOR: Admail West, Inc. 521 North 10th Street Sacramento, CA 95814	LIT	\$1,325.00	
SUB-VENDOR: U.S. Postmaster 801 I Street Sacramento, CA 95814	POS	\$4,025.00	
Totten Communications, Inc. 312 Montgomery Street Alexandria, VA 22314	TEL		10,225.00
Lisa Tucker 25A Crescent Drive, #102 Pleasant Hill, CA 94523	CNS		5,000.00
Voter Contact Services 1111 West El Camino Real, #109 Sunnyvale, CA 94087	LIT		659.98

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 15,884.98

Schedule F Accrued Expenses (Unpaid Bills)

SCHEDULE F

Statement covers period		CALIFORNIA FORM 460
from	10/01/2004	
through	10/16/2004	Page <u>9</u> of <u>10</u>

NAME OF FILER

Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition

I.D. NUMBER

1270860

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
David Binder Research 44 Page Street, Suite 404 San Francisco, CA 94102	POL	0.00	9,500.00	0.00	9,500.00
COGS Signs PMB 227, 2401 E. Orangeburg Avenue, #675 Modesto, CA 95355	CMP	4,766.93	0.00	4,766.93	0.00
Stones Phones 4113 Oliver Street Chevy Chase, MD 20815	LIT, PHO	6,709.43	0.00	6,709.43	0.00

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 11,476.36 \$ 9,500.00 \$ 11,476.36 \$ 9,500.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 14,500.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 27,583.96
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -13,083.96

May be a negative number
FPPC Form 460 (June/01)

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2004	
through	10/16/2004	Page <u>10</u> of <u>10</u>

NAME OF FILER	I.D. NUMBER
Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition	1270860

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Storefront Political Media 250 Sutter Street, Suite 650 San Francisco, CA 94108	LIT	11,107.60	0.00	11,107.60	0.00
Lisa Tucker 25A Crescent Drive, #102 Pleasant Hill, CA 94523	CNS	5,000.00	5,000.00	5,000.00	5,000.00

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 16,107.60 \$ 5,000.00 \$ 16,107.60 \$ 5,000.00